

APPLICATION FOR PAYMENTS OF AMOUNTS DUE EVACUATED CIVILIAN EMPLOYEES

For use of this form, see AR 37-105; the proponent agency is USAFAC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, U.S. Code 5521-5527, E. O. 10982, and applicable regulations, orders, and instructions.

PRINCIPAL PURPOSE(S): To authorize the issuance of payroll checks to evacuated civilian employees.

ROUTINE USES: Required information is used to officially document payroll data and to authorize deductions to be withheld from compensation due evacuated civilian employees. The form will be retained by the paying office to support payments made.

DISCLOSURE: Disclosure is voluntary. All information requested is necessary to authorize payments. If pay data is not furnished, payments cannot be made.

TO: (Name and location of paying office)

NAME AND ADDRESS OF EVACUATED CIVILIAN EMPLOYEE	SOCIAL SECURITY NO.	POSITION TITLE	GRADE AND STEP
NAME OF EMPLOYING OFFICE	CUSTODIAN OF EMPLOYEES PAY RECORD (Name and Location)		
NAME OF EVACUATED INSTALLATION	LOCATION OF EVACUATED INSTALLATION	DATE EVACUATED	

GROSS COMPENSATION, ALLOWANCES AND DIFFERENTIALS AND AUTHORIZED DEDUCTIONS AND ALLOTMENTS AS OF DATE OF EVACUATION ORDER.

PAY PERIOD: ☐ BIWEEKLY ☐ WEEKLY ☐ OTHER (Specify) _____

	AMOUNT	X X X X X X X X X X	AMOUNT	X X X X X X X X X X	AMOUNT
Base Pay	\$	Federal Tax	\$	Allotment (Emergency)	\$
Other Entitlement	\$	Health Benefits	\$	Other Deduction	\$
Other Entitlement	\$	Life Insurance	\$	Other Deduction	\$
Civil Service Retirement	\$				
HOURS OF ACCRUED ANNUAL LEAVE	HOURS OF ACCRUED SICK LEAVE		DATE		

LAST PAYMENTS MADE TO EMPLOYEE OR FOR HIS ACCOUNT	DATE THROUGH	AMOUNT	DATE PAID
Compensation, Allowances, and Differentials		\$	
Advance Payment			
Travel Advance			
Other		\$	

The above information is complete and accurate to the best of my knowledge and belief; I am the employee identified above; and payment has not been made to me or for my account subsequent to the dates listed above.

SIGNATURE OF EMPLOYEE	DATE
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FOR AGENCY USE

APPLICATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OF APPROVING AUTHORITY	DATE
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IF DISAPPROVED, STATE BASIS FOR DISAPPROVAL